



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BASSETT SURGERY CENTER
6211 EDGEMERE SUITE 2
EL PASO TX 79925

Respondent Name

OLD REPUBLIC INSURANCE CO

Carrier's Austin Representative Box

Box Number 44

MFDR Tracking Number

M4-09-B488-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "As per rule 130.6(g) the designated doctor may perform additional testing or refer the employee to other health care providers when deemed necessary to assess an impairment rating. This additional testing **is not subject to preauthorization requirements in accordance with Labor Code 413.014.** We appealed the denial but the request for reconsideration was denied."

Amount in Dispute: \$711.28

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a position summary in the response packet.

Response Submitted by: Harris & Harris on behalf of Gallagher Bassett, 5900 SW Pkwy. Bldg II, Austin, TX 78735

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 20, 2009	ASC Services for code 62311-SG	\$613.76	\$0.00
	ASC Services for code 77003-TC	\$41.27	\$0.00
	ASC Services for code 72100-SG-TC	\$56.25	\$0.00
TOTAL		\$711.28	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §130.6, effective January 1, 2007, provides that any additional testing required for the evaluation and impairment rating is not subject to the preauthorization requirements.
3. 28 Texas Administrative Code §134.600, effective May 2, 2006, requires preauthorization for ambulatory surgical care services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated June 16, 2009

- 197-Precertification/authorization/notification absent.
- 850-247-Disallowed-Service(s) beyond certification for this episode/stay.

Explanation of benefits dated August 7, 2009

- 19-197-Precertification/authorization/notification absent

Explanation of benefits dated August 7, 2009

- W4-No additional reimbursement allowed after review of appeal/reconsideration.
- 19-197-Precertification/authorization/notification absent.

Issues

1. Did the disputed services require preauthorization? Is the requestor entitled to reimbursement?

Findings

1. The respondent denied reimbursement for the disputed services based upon "197-Precertification/authorization/notification absent."

28 Texas Administrative Code §134.600 (p)(2) states "Non-emergency health care requiring preauthorization includes: (2) outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section."

The requestor states in the position summary that "As per rule 130.6(g) the designated doctor may perform additional testing or refer the employee to other health care providers when deemed necessary to assess an impairment rating. This additional testing **is not subject to preauthorization requirements in accordance with Labor Code 413.014**. We appealed the denial but the request for reconsideration was denied."

28 Texas Administrative Code §130.6(e) states "For testing other than that listed in subsection (d) of this section, the designated doctor may perform additional testing or refer the employee to other health care providers when deemed necessary to assess an impairment rating. Any additional testing required for the evaluation and rating, is not subject to preauthorization requirements in accordance with Labor Code §413.014 (relating to Preauthorization) and additional testing must be completed within ten working days of the designated doctor's physical examination of the employee. Use of another health care provider to perform testing under this subsection can extend the amount of time the designated doctor has to file the report by ten working days."

On April 24, 2009, Designated Doctor Les Benson referred the claimant to Dr. Urrea for "completion of further diagnostic study of diagnostic epidural steroid injection."

Dr. Urrea wrote on the operative report that "An AP Lateral of the lumbar spine shows the needle to be at L5-S1. The contrast is in the epidural space. Then, 80 mg of Depo-Medrol and 3 cc of 0.25% Marcaine were injected into the epidural space. The needle was then removed. The patient tolerated the procedure well."

The operative report does not document the purpose of the epidural injection nor any diagnostic findings necessary to assess the impairment rating; therefore, the ambulatory surgical services required preauthorization per 28 Texas Administrative Code §134.600. As a result, no reimbursement is recommended.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the reimbursement amount sought by the requestor. The Division concludes that the requestor has not supported its position that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

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Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

1/30/2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.